

Fax or Mail Application to:
<p> NN/LM Middle Atlantic Region New York University Frederick L. Ehrman Medical Library 550 First Avenue, New York, NY 10016 Telephone: 800-338-7657 • Fax: 212-263-8196 Visit us online at our website: http://nnlm.gov/mar </p>

NN/LM MAR Affiliate Membership Application

1. Contact Information (please print)

Organization	
Contact Person	Title
Address	
City	County
State	ZIP
Phone	Fax
E-mail	
Web Site (URL)	http://

2. Select type of organization:

<input type="checkbox"/> Public Library	<input type="checkbox"/> Community and/or Faith-based Organization
<input type="checkbox"/> Health Department	<input type="checkbox"/> Hospital Library

3. Sign-Up for the NN/LM MAR Listserv (optional):

1. Email: _____
2. Email: _____

If you are a Library, please complete the sections below:

4. Interlibrary Loan (ILL) Information (please print)

Contact Person	Title
Phone	Fax
E-mail	

OCLC Code

5. MedlinePlus.gov Find a Library (optional)

<p>___ Yes, please list our library in MedlinePlus.gov's Find a Library directory. Our library has a consumer health collection and/or provides access to health information resources via the library's web site.</p>
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Please list the following URL: _____

6. List any consortia and/or library groups your library belongs to (optional):

1.	3.
2.	4.